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Follow-up actions to the recommendations of the International Conference on Population and Development

Statement submitted by Family Care International, non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31 of 25 July 1996.

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HIV/AIDS and sexual and reproductive health

1. One of the hallmarks of the ICPD Programme of Action is its call for a comprehensive approach to sexual and reproductive health that is centered on respect for the human rights of women, men and young people. It also calls for sexual and reproductive health services to be linked, and to encompass services for family planning, maternal health, sexual health and the prevention and treatment of sexually transmissible infections, including HIV/AIDS. Over the past ten years, however, instead of achieving greater linkages, services for sexual and reproductive health and services for HIV/AIDS have remained separate—in some cases have drifted further apart.

2. In 1994, the ICPD Programme of Action predicted that without effective action to stem the HIV pandemic, 30 to 40 million people could be infected by the end of the decade. The scale of the HIV pandemic today has exceeded even that dire prediction: more than 40 million people are currently living with HIV and 20 million have died. The overwhelming majority of HIV infections are sexually transmitted or associated with pregnancy, childbirth and breastfeeding. At the same time, poor sexual and reproductive health and greater vulnerability to HIV infection share common roots, including poverty, gender-based discrimination and the social marginalization of vulnerable groups. Yet far too many policies and programs for HIV and sexual and reproductive health do not take account of these commonalities. As a result, at a time when HIV/AIDS and sexual and reproductive ill-health account for more than one quarter of the global burden of disease, the separation of HIV/AIDS and sexual and reproductive health policies, programs and services undermines efforts to effectively address both.

3. In June 2004, UNFPA together with Family Care International organized a meeting of leaders and experts in the fields of HIV/AIDS and sexual and reproductive health, including people living with HIV/AIDS, young people, community and NGO leaders, parliamentarians, ministers of health, leaders of UN and other multilateral agencies, and representatives of donor organizations. The overwhelming consensus from that meeting, issued in the *New York Call to Commitment: Linking HIV/AIDS and Sexual and Reproductive Health*, was that interventions for sexual and reproductive health and HIV/AIDS must be linked and complementary and when they are, these interventions will be more relevant and cost-effective and have greater impact.

4. To achieve the ICPD goals of stemming the HIV/AIDS pandemic and ensuring sexual and reproductive health for all, FCI is convinced that:

- All policies, programs, and initiatives to address sexual and reproductive health and HIV/AIDS must be based on a fundamental commitment to respect, promote and protect the human rights of all people.

- Young people, women and people living with HIV/AIDS must be effectively and actively involved in the development, governance and delivery of all policies, programs and other initiatives to address sexual and reproductive health and HIV/AIDS; the creativity, capacity, and strengths of non-governmental organizations, affected communities, and other non-traditional partners also must be actively engaged.

- Priority must be given to reaching under-served populations with both services for sexual and reproductive health and HIV and AIDS prevention, treatment, and care, including poor women, young people, indigenous people, sexual minorities, injecting drug users, refugees and displaced peoples, and other marginalized populations.

- The sexual and reproductive health needs of people living with HIV/AIDS must be recognized, respected and responded to with adequate and supportive counseling on sexuality and family planning and services for sexual health, reproduction, safe motherhood, and safe abortion services where legal.

- Efforts to eliminate discrimination and stigma against people living with HIV and AIDS must be increased; sexual and reproductive health care service providers must be trained in counseling and providing quality care for people living with HIV to stem such discrimination in health-care settings.

- Sexual and reproductive health information and services must be provided to all people reached by HIV/AIDS programs, and information and services on HIV/AIDS must be provided to all people reached by sexual and reproductive health programs.

- High-quality, safe and effective HIV prevention and sexual and reproductive health commodities, including male and female condoms, contraceptives, and STI diagnostics and drugs, must accessible and affordable to all, and the supply of these commodities must be secure and adequate.

- More attention, resources and initiatives need to be focused on prevention of HIV; including by providing unbiased, accurate information about sexuality, reproductive health and the prevention of sexually transmissible infections through the media, sexuality and reproductive health education classes for both youth and adults, and health information and education campaigns.

- Adolescents must have access to sexuality and reproductive health education and information that is comprehensive and gender-sensitive from an early age; this education should be a mandatory part of school curricula and easily accessible and readily available to out-of-school youth. Young people must also have access to a full range of sexual and reproductive health services that are youth-friendly and respect their rights to confidentiality, informed consent, and privacy.

- The social and cultural factors that increase women's vulnerability to both HIV infection and sexual and reproductive ill-health must be addressed; ensuring gender equality and women's empowerment, and protecting women's human rights are essential. Women must also have equal and equitable access to treatment and care as it becomes increasingly available.

- National development plans and budgets, including health-sector reforms, sector-wide approaches, and poverty reduction strategy papers, must include a comprehensive, integrated approach to sexual and reproductive health and HIV/AIDS and allocate sufficient resources to address them.

5. In 2000, world leaders recognized in the Millennium Declaration that stemming the HIV pandemic must be among our highest development priorities. We agree. Strengthening the policy and program linkages between HIV/AIDS and sexual and reproductive health is essential if we are to achieve this; commitment, political will and a dramatic increase in resources from both developing and donor governments are also key.

6. We can only stop the devastating spread of HIV by ensuring sexual and reproductive health for all people. And we must take action now: the health and lives of millions of women, men, youth and children depend on it.